

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006200

FILED
Jun 05, 2009
Secretary of State

Entity Name: THE PINELLAS NEURO-ORTHO SPINE GROUP, LLC

Current Principal Place of Business:

601 MAIN STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

601 MAIN STREET
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 83-0420933 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLEMING, LINDA L
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEASE HOSPITAL INC
Address: 601 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: COLBASSANI, HAROLD MD
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: GOBO, DEAN J MD
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: WEBER, JED P
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: SHIM, JOHN H MD
Address: 3800 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: MORENO, ANTHONY P
Address: 2250 DREW STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA FLEMING, ATTORNEY FOR MEASE HOSPITAL MGRM 06/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date